

NORTHGATE PRIMARY SCHOOL
Request for school to administer medication – Form MED 1

The school will not give your child any medication unless you complete and sign this form and the Headteacher has agreed that the school staff can administer medicine

All medication must be in its original packaging with the pharmacist's label displaying the name of the child and dosage required. If medication is non-prescription, my child has had this medication before YES / NO

Details of Pupil	
Surname	
Forename(s)	
Address	
Gender	
Date of Birth	
Class	
Condition or illness	
Name/type of medication as described on container	
For how long does it need to be taken?	
Date dispensed	
Full Directions for Use	
Dosage and method	
Timing Please ensure 4 hours have passed before next dose	
Special precautions	
Side-effects	
Self-administration	
Procedure in an emergency	
Contact Details	
Name	
Daytime Tel No	
Relationship to pupil	
Address (if different from above)	
Please read and sign below	
<i>I understand that I must deliver the medicine personally to the agreed member of staff, and accept that this is a service which the school is not obliged to undertake</i>	
Date:	
Signature:	